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CONFIRMATION NO. 5189

<b>SERIAL NUMBER</b> 10/791,895	<b>FILING OR 371(c) DATE</b> 03/04/2004 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3743	<b>ATTORNEY DOCKET NO.</b> 7346
<b>APPLICANTS</b> Christian Keller, Innsbruck, AUSTRIA; Joseph R. Brimacombe, Cairns, AUSTRALIA; <b>** CONTINUING DATA *****</b> <i>NONE</i> <b>** FOREIGN APPLICATIONS *****</b> <i>NONE</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 05/20/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>James J. [Signature]</i> Acknowledged <i>Examiner's Signature</i> <i>Initials</i>		<b>STATE OR COUNTRY</b> AUSTRIA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 23
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 39196				
<b>TITLE</b> Esophageal airway management device guides				
<b>FILING FEE RECEIVED</b> 412	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	